SARATOGA COUNTY SEWER DISTRICT #1 SEWER LATERAL PERMIT APPLICATION Residential

Permit Number:	Date:
Name of Project:	
Project's Proponent:	
Location of Project:	
Tax Map Number (SBL) of Proje	ct's Location:
Projected Design Flow:	gpd Projected Discharge Rate:gpm
Description of Project:	
Will a septic tank be abandone	ed? Yes No
Property Owner's Name:	
Address:	
Phone:	Fax:
E-Mail:	
Contractor:	
Address:	
Phone:	Fax:
E-Mail:	
project's proponent to designate electronic communications to re naming such designated agent,	et #1 requires the applicant for sewer lateral permit and the an agent to whom SCSD #1 shall direct all written, verbal and garding the proposed project or sewer connection. NOTE : By the applicant and the project's proponent agree to be bound by said designated agent to SCSD #1 regarding the proposed
Applicant/Designated Agent: _	
Address:	
	Fax:

NOTE: SCSD #1's permit to construct sanitary sewer facilities or connections shall expire one (1) year from the date of its execution by SCSD #1 and the permittee.

For contractor requirements & standard details please follow the link below:

http://www.saratogacountyny.gov/departments/sewer-district-1/

Applicant's Signatu	ıre:						
Applicant's Name:							
		(Please prin	•				
Address:							
For Office Use Or		Certification Requi			No		
	Special Con	nditions Attached	·	Yes	No		
Fee: \$	Days:	Date Paid: _		Insp. Eng	Jr.:		
Check #							
Insurance Certifi							
Permit Administrator							
Date of Issue							
SPECIAL CONDITIONS: Call 664-7396 to schedule inspection of installation sewer lateral							
Approval for use will not be granted until a satisfactory inspection has been completed.							
The property owner will own and maintain the lateral up and to the point of connection into							
the sewer main. This permit does not convey legal access to any real property.							
Please be advised that local municipalities may have additional permitting							
requirements.							
							
			 				